

MEMBER APPLICATION PROCESS

Thank you for your interest in being a representative from your region to the Statewide Self Advocacy Network (SSAN). This is the process we will use to fill vacancies.

STEP 1

	Review the SSAN Mission Statem	ent 8	& member respo	nsibi	lities from t	he by-
lav	s (below) if you are still interested i	n ap	plying, go to Ste	p 2.		

Mission Statement

The Statewide Self-Advocacy Network (SSAN) promotes leadership and builds bridges that strengthen advocacy among disability communities by focusing on policy change.

What we do

- Develop the knowledge and skills to make a difference in our region and state.
- Speak up for people with disabilities.
- Learn about and advocate for issues important to people with disabilities.
- Lead regional and statewide advocacy groups and networks

Who we are

- The SSAN consists of advocates for people with developmental and other disabilities who are members representing regions and organizations or affiliates in California.
- Members are expected to attend all meetings.
- Members shall serve for a four-year term.

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	Complete the application by answering ALL the questions				
	Get a letter of support from your supporting agency and attach				
	Write down two (2) references from people who know about your advocacy				
work and can vouch for you.					
	SEND ALL ITEMS to the SCDD Self Advocacy Coordinator at: (email:				
riana	a.hardin@scdd.ca.gov (add address and other contact info here)				

STEP 3

The SCDD Self Advocacy Coordinator will get the completed application to the SSAN Officers and to the SCDD regional manager for review. If application is accepted on to step 4.

STEP 4

Either the SSAN Officers or the SCDD Self Advocacy Coordinator will contact you to schedule an over the phone interview. Interview questions are attached.

STEP 5- You will be contacted with a YES or NO to your application. This process can take up to a couple of months to complete.



Questions? Contact the SCDD Self Advocacy Coordinator at :

ADD info here